

## SECTION C. RESIDENTIAL HISTORY

Now I would like to list all the addresses in which you have lived for 1 year or more in either Nassau or Suffolk Counties only. Please include all years of school and military service. We'll start with the first address in either Nassau or Suffolk County.

	C1. What was the address of the (first/next) place you lived for 1 year or more in either Nassau or Suffolk County? Please include street, city or town, county, state, and zip code.	C2. When did you <u>start</u> living there?	C3. When did you <u>move</u> from there?
<b>1ST</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Apt #</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City/Town</span> <span>County</span> <span>State</span> <span>Zip</span> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span><div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> - <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div></span> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>MO</span> <span>YR</span> </div> <div style="text-align: center; margin-bottom: 5px;">OR</div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">AGE</div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span><div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> - <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div></span> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>MO</span> <span>YR</span> </div> <div style="text-align: center; margin-bottom: 5px;">OR</div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">AGE</div> <div style="text-align: center;">CURRENT RESIDENCE ...9595</div>
<b>2ND</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Apt #</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City/Town</span> <span>County</span> <span>State</span> <span>Zip</span> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span><div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> - <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div></span> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>MO</span> <span>YR</span> </div> <div style="text-align: center; margin-bottom: 5px;">OR</div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">AGE</div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span><div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> - <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div></span> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>MO</span> <span>YR</span> </div> <div style="text-align: center; margin-bottom: 5px;">OR</div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">AGE</div> <div style="text-align: center;">CURRENT RESIDENCE ...9595</div>
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C4. IF R DOES NOT KNOW C2 OR C3, ASK: For how many years (have/did) you live(d) there?	C5. Where (does/did) the water you use(d) for drinking come from?  (CODE UP TO TWO)	C6. During the time in this residence, on average over a year, what percentage of the water you consumed was spring or bottled water?	C7. (Do/Did) you filter the water you use(d) for drinking?	C7a. Where (does/did) the water you use(d) for purposes other than drinking come from?  (CODE UP TO TWO)
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	C8. What (is/was) the <u>major</u> source of energy for the oven at this address?	C8a. What (is/was) the <u>major</u> source of energy for the stove at this address?	C9. (Do/Did) you use a grill or barbecue at this address at least 3 times per year?
1ST	ELECTRICITY..... 01 NATURAL GAS ..... 02 BOTTLED GAS..... 03 WOOD FIRE..... 04 OTHER (SPECIFY)..... 96  _____ _____	ELECTRICITY ..... 01 NATURAL GAS ..... 02 BOTTLED GAS ..... 03 WOOD FIRE ..... 04 OTHER (SPECIFY) ..... 96  _____ _____	YES..... 1 NO..... 2 (C11)
2ND	ELECTRICITY..... 01 NATURAL GAS ..... 02 BOTTLED GAS..... 03 WOOD FIRE..... 04 OTHER (SPECIFY)..... 96  _____ _____	ELECTRICITY ..... 01 NATURAL GAS ..... 02 BOTTLED GAS ..... 03 WOOD FIRE ..... 04 OTHER (SPECIFY) ..... 96  _____ _____	YES..... 1 NO..... 2 (C11)
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4TH	ELECTRICITY..... 01 NATURAL GAS ..... 02 BOTTLED GAS..... 03 WOOD FIRE..... 04 OTHER (SPECIFY)..... 96  _____ _____	ELECTRICITY ..... 01 NATURAL GAS ..... 02 BOTTLED GAS ..... 03 WOOD FIRE ..... 04 OTHER (SPECIFY) ..... 96  _____ _____	YES..... 1 NO..... 2 (C11)

<p><b>C10.</b> What (is/was) the <u>major</u> source of energy for the grill or barbecue at this address?</p>	<p><b>C11.</b> (Do/Did) you use a fireplace or wood-burning stove at this address at least 3 times per year?</p>	<p><b>C12.</b> What materials (do/did) you burn in the fireplace or wood-burning stove? (CIRCLE ALL THAT APPLY)</p>
<p>NATURAL GAS ..... 1 BOTTLED GAS ..... 2 CHARCOAL ..... 3 OTHER (SPECIFY)..... 6</p> <p>_____</p> <p>_____</p>	<p>YES..... 1 NO ..... 2 (NEXT OR C13)</p>	<p>WOOD..... 01 COAL..... 02 GAS..... 03 SYNTHETIC LOGS ..... 04 OTHER (SPECIFY)..... 96</p> <p>_____</p> <p>_____</p>
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	<p>C1.</p> <p>What was the address of the (first/next) place you lived for 1 year or more in either Nassau or Suffolk County? Please include street, city or town, county, state, and zip code.</p>	<p>C2.</p> <p>When did you <u>start</u> living there?</p>	<p>C3.</p> <p>When did you <u>move</u> from there?</p>
5TH	<p>Street _____</p> <p>Apt # _____</p> <p>City/Town _____ County _____ State _____ Zip _____</p>	<p> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>MO</div> <div>YR</div> </div> <p>OR</p> <p> <div> <div></div> <div></div> </div> <div>AGE</div> </p> </p>	<p> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>MO</div> <div>YR</div> </div> <p>OR</p> <p> <div> <div></div> <div></div> </div> <div>AGE</div> </p> <p>CURRENT RESIDENCE ... 9595</p> </p>
6TH	<p>Street _____</p> <p>Apt # _____</p> <p>City/Town _____ County _____ State _____ Zip _____</p>	<p> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>MO</div> <div>YR</div> </div> <p>OR</p> <p> <div> <div></div> <div></div> </div> <div>AGE</div> </p> </p>	<p> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>MO</div> <div>YR</div> </div> <p>OR</p> <p> <div> <div></div> <div></div> </div> <div>AGE</div> </p> <p>CURRENT RESIDENCE ... 9595</p> </p>
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<p><b>C10.</b> What (is/was) the <u>major</u> source of energy for the grill or barbecue at this address?</p>	<p><b>C11.</b> (Do/Did) you use a fireplace or wood-burning stove at this address at least 3 times per year?</p>	<p><b>C12.</b> What materials (do/did) you burn in the fireplace or wood-burning stove? (CIRCLE ALL THAT APPLY)</p>
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<p style="text-align: center;"><b>C13.</b></p> <p>Thinking about all of the places that you have lived for 1 year or more in either Nassau or Suffolk County, were any of these residences within a half mile of...</p> <p>IF NEEDED: HALF MILE = 6 BLOCKS.</p>	<p style="text-align: center;"><b>C14.</b></p> <p>Which residences were they?</p>
<p>a. A garbage dump or landfill?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13b)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>b. A hazardous waste site?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13c)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>c. An airport?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13d)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>d. A farm?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13e)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>e. A nursery or commercial greenhouse?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13f)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>f. A golf course?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13g)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>g. A railroad?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13h)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>h. A gas station?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13i)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>i. A four-lane highway?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C13j)</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>
<p>j. A factory or industrial plant?</p> <p>YES ..... 1</p> <p>NO ..... 2 (C15)</p> <p>C13i(1) What did they make at (this/these) factory(ies) or industrial plant(s)? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>a. _____ b. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p> <p>c. _____ d. _____</p> <p>RESIDENCE # FROM C1) RESIDENCE # FROM C1)</p>

C15. At any of your Nassau or Suffolk County residences, did you ever see a fogger truck spray for mosquitos, gypsy moths, or for any other reason?

YES..... 1  
NO..... 2 (C19)

C16. Which residence(s) were they?

\_\_\_\_\_  
RESIDENCE # FROM C1

\_\_\_\_\_  
RESIDENCE # FROM C1

C17. Thinking about any childhood and adolescent years spent in either Nassau or Suffolk counties, did you ever chase after the fogger trucks that sprayed for mosquitos, gypsy moths, or for any other reason?

YES..... 1  
NO..... 2 (C19)

C18. How many times did you chase after the fogger trucks?

      
# TIMES

I am interested in contact that you may have had with certain substances during any activities that you engage in other than jobs that you have already told me about.

C19. Have you ever worked for 6 months or longer with (SUBSTANCE)?	C20. In what year were you <u>first</u> exposed to (SUBSTANCE)?	C21. In what year were you <u>last</u> exposed to (SUBSTANCE)?	C22. Overall, for how many years were you exposed to (SUBSTANCE)?	C23. On average, about how many hours per week, month, or year were you exposed to (SUBSTANCE)?
a. Fabric dyes  YES .... 1 NO ..... 2 (C15b)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL EXPOSED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
b. Printer's inks  YES .... 1 NO ..... 2 (C15c)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL EXPOSED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
c. Wood dust or sawdust  YES .... 1 NO ..... 2 (C15d)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL EXPOSED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
d. Cotton or other textile fibers or dust  YES .... 1 NO ..... 2 (C24)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL EXPOSED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3

C24. Have you ever used (SUBSTANCE) on your hair for 6 months or longer?	C25. In what year did you <u>first</u> use (SUBSTANCE) on your hair?	C26. In what year did you <u>last</u> use (SUBSTANCE) on your hair?	C27. Overall, for how many years did you use (SUBSTANCE) on your hair?
a. Permanent hair dyes  YES .... 1 NO ..... 2 (C24b)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL USING .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00
b. Hair sprays  YES .... 1 NO ..... 2 (C24c)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL USING .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00
c. Permanents or straighteners  YES .... 1 NO ..... 2 (C28)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL USING .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR..... 00

C28. Have you ever participated for 6 months or longer in (HOBBY)?	C29. In what year were you <u>first</u> involved in (HOBBY)?	C30. In what year were you last involved in (HOBBY)?	C31. Overall, for how many years were you involved in (HOBBY)?	C32. On average, about how many hours per week, month, or year have you participated in (HOBBY)?
a. Hobbies using glues  YES .... 1 NO ..... 2 (C28b)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
b. Hobbies involving soldering, such as jewelry making or stained glass  YES .... 1 NO ..... 2 (C28c)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
c. Developing photographs  YES .... 1 NO ..... 2 (C28d)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
d. Oil painting  YES .... 1 NO ..... 2 (C28e)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
e. Woodworking or refinishing furniture  YES .... 1 NO ..... 2 (C28f)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
f. Ceramics or pottery making  YES .... 1 NO ..... 2 (C28g)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
g. Leather crafting  YES .... 1 NO ..... 2 (C28h)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3
h. Other activities involving the use of chemicals  YES .... 1 SPECIFY  NO ..... 2 (C33)	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>  STILL INVOLVED .....00	<input type="text"/> <input type="text"/> YEARS  LESS THAN 1 YR.....00	<input type="text"/> <input type="text"/> WEEK ..... 1 HOURS MONTH ..... 2 YEAR ..... 3

Now I'm going to ask you about some products including pesticides that may have been used in or around any of your homes, yards, or vegetable or fruit gardens by you, another household member, or a professional exterminator or gardener. First, I want to be clear about what I mean when I ask about pesticides. Pesticides are not the same as fertilizers. Pesticides are used to kill unwanted pests and are sometimes called insecticides, which are used to kill insects, or herbicides, which are used to kill weeds.

C33. Did you or others use products to control (PEST)?	C34. Who applied these products? Was it you, another household member, or a professional exterminator or gardener? (CIRCLE ALL THAT APPLY)	C35. What type of product or products were used? For example, was it a spray, fogger, powder, liquid, or some other form? (CIRCLE ALL THAT APPLY)	C36. Was the (PRODUCT FROM C35) usually used inside, outside or both?
<b>a. Ants, carpenter ants or cockroaches</b>  YES ..... 1 NO ..... 2 (C33b) DON'T KNOW .... 8 (C33b)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>b. Bees or wasps</b>  YES ..... 1 NO ..... 2 (C33c) DON'T KNOW .... 8 (C33c)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>c. Flies or mosquitos</b>  YES ..... 1 NO ..... 2 (C33d) DON'T KNOW .... 8 (C33d)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>d. Moths, silverfish, or caterpillars</b>  YES ..... 1 NO ..... 2 (C33e) DON'T KNOW .... 8 (C33e)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>e. Mice, rats, gophers or moles</b>  YES ..... 1 NO ..... 2 (C33f) DON'T KNOW .... 8 (C33f)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>f. Fleas or ticks, except on pets</b>  YES ..... 1 NO ..... 2 (C33g) DON'T KNOW .... 8 (C33g)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>g. Termites</b>  YES ..... 1 NO ..... 2 (C33h) DON'T KNOW .... 8 (C33h)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3
<b>h. Any other type of pest in your home</b>  YES (SPECIFY) .. 1 _____ NO ..... 2 (C39) DON'T KNOW .... 8 (C39)	YOU .....1 ANOTHER HOUSEHOLD MEMBER .....2 PROFESSIONAL EXTERMINATOR OR GARDENER .....3 OTHER (SPECIFY) .....6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98	INSIDE .....1 OUTSIDE .....2 BOTH .....3

<p>C37.</p> <p>On average, about how many times per year were these products applied?</p>	<p>C38.</p> <p>About how many years in your lifetime were these products applied?</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>

Now I'm going to ask you about some other products including pesticides that may have been used on indoor or outdoor plants by you, another household member, a professional service, or gardener. Later in the interview I will ask you about the use of these products on farms you may have lived or worked on. Now I am only interested in the use of these products other than on farms.

C39. Did you or others apply ...	C40. Who applied these products? Was it you, another household member, a professional service or a gardener? (CIRCLE ALL THAT APPLY)	C41. What type of product or products were used? For example, was it a spray, fogger, powder, liquid, or some other form? (CIRCLE ALL THAT APPLY)
<b>a. Weed killers?</b>  YES ..... 1 NO ..... 2 (C39b) DON'T KNOW ..... 8 (C39b)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>b. Lawn insecticides?</b>  YES ..... 1 NO ..... 2 (C39c) DON'T KNOW ..... 8 (C39c)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>c. Chemicals for insects or diseases of trees?</b>  YES ..... 1 NO ..... 2 (C39d) DON'T KNOW ..... 8 (C39d)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>d. Pesticides on a vegetable or fruit garden?</b>  YES ..... 1 NO ..... 2 (C39e) DON'T KNOW ..... 8 (C39e)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>e. Chemicals for insects or diseases of other <u>outdoor</u> plants?</b>  YES ..... 1 SPECIFY ..... NO ..... 2 (C39f) DON'T KNOW ..... 8 (C39f)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>f. Any other type of pesticides used outdoors?</b>  YES ..... 1 NO ..... 2 (C39g) DON'T KNOW ..... 8 (C39g)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98
<b>g. Chemicals for diseases or bugs of <u>indoor</u> plants?</b>  YES ..... 1 SPECIFY ..... NO ..... 2 (C44) DON'T KNOW ..... 8 (C44)	YOU ..... 1 ANOTHER HOUSEHOLD MEMBER.. 2 PROFESSIONAL SERVICE OR GARDENER ..... 3 OTHER (SPECIFY) ..... 6 _____	SPRAY ..... 01 FOGGER ..... 02 POWDER ..... 03 LIQUID ..... 04 OTHER (SPECIFY) ..... 96 _____ DON'T KNOW ..... 98

<p>C42.</p> <p>On average, about how many times per year were these products applied?</p>	<p>C43.</p> <p>About how many years in your lifetime were these products applied?</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES PER WEEK .....1</p> <p>MONTH .....2</p> <p>YEAR .....3</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEARS</p>



Now I have a few questions about insect repellents and lice control.

C44. During your lifetime, how often have you used insect repellents on your skin, hair or clothing? Would you say...

- Frequently year round, ..... 1
- Frequently in a given season, ..... 2
- Sometimes, ..... 3 (C46)
- Rarely, or ..... 4 (C46)
- Never? ..... 5 (C46)

C45. During your lifetime, approximately how many years have you used insect repellents?

YEARS

C46. During your lifetime, have you ever applied a lice control product on the skin, hair, or clothing of yourself or someone else?

- YES..... 1
- NO ..... 2 (C48)

C47. During your lifetime, on the average, approximately how many times have you applied a lice control product on the skin, hair, or clothing of yourself or someone else?

TIMES

Now I am going to ask you a few questions concerning flea and tick control on pets.

C48. During your lifetime, did you ever have dogs, cats or other family pets that were treated for fleas or ticks by you or by others? Include shampoos or dips, powders, and collars.

YES..... 1  
NO ..... 2 (C52)

C49. Were the treatments usually ...(CIRCLE ALL THAT APPLY)

Shampoos or dips,..... 1  
Powders, ..... 2  
Collars, or..... 3  
Some other treatment? (SPECIFY) ..... 6  
\_\_\_\_\_

C50. Were the treatments usually applied by ...(CIRCLE ALL THAT APPLY)

You,..... 1  
Another household member, ..... 2  
Veterinarian or groomer, or..... 3  
Some other person? (SPECIFY) ..... 6  
\_\_\_\_\_

C51. In your lifetime, approximately how many times altogether were your pets treated for fleas or ticks?

--	--	--

  
TIMES

CHECK RESPONDENT'S AGE (A2). ASK C52-C59 AS APPROPRIATE. THEN ASK C60 FOR EACH FOOD AFTER THE LAST APPROPRIATE AGE INTERVAL

Now I have a few questions about grilled, barbecued, or smoked foods.

C52. Have you ever eaten grilled, barbecued, or smoked foods?

YES ..... 1  
NO ..... 2 (C61)

C53.	C54.	C55.	C56.
Have you ever eaten (FOOD)?	Before the age of 20, how often did you usually eat (FOOD)?	Between the ages of 20 and 29, how often did you usually eat (FOOD)?	Between the ages of 30 and 39, (how often did you usually eat (FOOD))?
<p>a. Grilled or barbecued beef, lamb or pork</p> <p>YES ..... 1 NO ..... 2 (C53b)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>
<p>b. Grilled or barbecued poultry or fish</p> <p>YES ..... 1 NO ..... 2 (C53c)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>
<p>c. Smoked beef, lamb or pork such as bacon or ham</p> <p>YES ..... 1 NO ..... 2 (C53d)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>
<p>d. Smoked poultry or fish such as smoked turkey or lox</p> <p>YES ..... 1 NO ..... 2 (C61)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>TIMES WEEK ..... 1 PER MONTH ..... 2 YEAR ..... 3 NEVER ..... 000</p>

C57.	C58.	C59.	C60.
Between the ages of 40 and 49, (how often did you usually eat (FOOD))?	Between the ages of 50 and 59, (how often did you usually eat (FOOD))?	Since the age of 60, (how often did you usually eat (FOOD))?	Which seasons of the year did you usually eat (FOOD)? (CIRCLE ALL THAT APPLY)
<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	WINTER..... 1 SPRING..... 2 SUMMER..... 3 FALL..... 4 ALL YEAR..... 5
<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	WINTER..... 1 SPRING..... 2 SUMMER..... 3 FALL..... 4 ALL YEAR..... 5
<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	WINTER..... 1 SPRING..... 2 SUMMER..... 3 FALL..... 4 ALL YEAR..... 5
<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	<input type="text"/> <input type="text"/> TIMES WEEK.....1 PER MONTH.....2 YEAR.....3 NEVER.....000	WINTER..... 1 SPRING..... 2 SUMMER..... 3 FALL..... 4 ALL YEAR..... 5

Now I would like to ask you about some electrical appliances or devices that you may have used in the past.

C61. Did you ever use (ITEM) at least 3 times in any one year?	C62. At what age did you <u>first</u> use (ITEM) at least 3 times in any 1 year?	C63. For how many years did you use (ITEM) at least 3 times per year?	C64. During those years of use, how often did you use (ITEM)?
a. An electric blanket  YES..... 1 NO ..... 2 (C61b)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61b)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
b. An electric mattress pad  YES..... 1 NO ..... 2 (C61c)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61c)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
c. A waterbed with a heater  YES..... 1 NO ..... 2 (C61d)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61d)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
d. An electric heating pad  YES..... 1 NO ..... 2 (C61e)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61e)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
e. A personal computer or computer with a monitor  YES..... 1 NO ..... 2 (C61f)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61f)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
f. An electric sewing machine  YES..... 1 NO ..... 2 (C61g)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61g)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
g. A hair dryer in a beauty salon  YES..... 1 NO ..... 2 (C61h)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61h)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
h. A hair dryer at home  YES..... 1 NO ..... 2 (C61i)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61i)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
i. A microwave oven  YES..... 1 NO ..... 2 (C61j)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (C61j)	<input type="text"/> <input type="text"/> <input type="text"/> TIMES PER DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
j. An electric clock or clock radio with hands - <u>not</u> with a digital display - located within 3 feet of where you were sleeping  YES..... 1 NO ..... 2 (SEC.D)	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> YEARS  NONE ..... 00 (SEC.D)	

<p>C65.</p> <p>Each time you used (ITEM), how long did you use it?</p>	<p>C66.</p> <p>Did you use (ITEM) to <u>warm the bed only</u>, or did you use it <u>directly on you</u>?</p>
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	<p>WARM BED</p> <p><u>ONLY</u> ..... 1</p> <p>DIRECTLY ON ..... 2</p>
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	<p>WARM BED</p> <p><u>ONLY</u> ..... 1</p> <p>DIRECTLY ON ..... 2</p>
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	<p>WARM BED</p> <p><u>ONLY</u> ..... 1</p> <p>DIRECTLY ON ..... 2</p>
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> <p>HOURS/TIME</p> <p>LESS THAN ONE HR/TIME . 00</p> </div>	